

REGISTRATION

Walk to Fight Breast Cancer



Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Eve. Phone _____

E-mail _____

Entry fee: \$25 for adults; \$10 for children 2-12

*** \$35 after Wednesday, October 20, 5 pm**

Enclosed is a check (payable to Inova Alexandria Hospital Foundation) for \$_____ for _____ adult walkers and _____ children. Includes T-Shirt.

Please specify the quantity of shirts: _____ **Adult M** _____ **Adult L**

_____ **Adult XL** _____ **Adult XXL** _____ **Child L (10-12)**

I would like to purchase a Walk sweatshirt. Pink ribbon/purple lettering on grey, 95% cotton.
\$25 Adult sizes: **Specify Quantity:** _____ **M** _____ **L** _____ **XL** _____ **XXL**

Are you a breast cancer survivor? ☐ Yes (Survivors will receive a pink t-shirt)

Team Name (*if 5 walkers or more*) _____

☐ Please send brochures/posters for me to display at work.

☐ I am unable to attend but have enclosed my tax deductible donation of \$_____

☐ My company would like to be a corporate sponsor. Please call me at _____

Check with your employer about matching funds.

Please read: Submission of this entry constitutes an acknowledgement that the Walker is physically able to undertake the Walk, and is a waiver of any and all claims arising out of the Walk which the Walker might assert against any parties, the Walk to Fight Breast Cancer, Inova Alexandria Hospital, the City of Alexandria and its agencies, and any sponsors, their representatives and successors, connected with the Walk. In addition, the Walker assents to the use of any photo, film or video tape of the event for any purpose.

Signature of Participant (REQUIRED)

If under 18, signature of parent or guardian is required.

Mail Registration and entry fee to:

**Alexandria Office on Women
421 King Street, Suite 400
Alexandria, Virginia 22314**